

As I reported, the phase II trial shows that, depending on the subgroup, patients with inoperable pancreatic cancer have a threefold to sixfold dose related improvement in survival. None of the common toxic effects of chemotherapy for cancer were observed. These dose related effects, the investigators report, are "relatively robust with high degrees of statistical significance." This work seemed to be of great interest, partly because there are no effective treatments for pancreatic cancer and partly because of the lack of toxicity of lithium gammalinolenate given intravenously over two weeks. Readers of the *Times* were aware of this work, even if Petrie was not.

Petrie complains that the article gives the impression that the treatment is a simple dietary supplement. This is not stated or implied anywhere in the article. Lithium gammalinolenate has now been given to around 150 patients with otherwise untreatable cancers. More than 70 people who, like Petrie, approached Scotia Pharmaceuticals for information have been offered full information on the drug and, when appropriate, supplies of it on compassionate grounds. With the exception of Petrie, all seem to have appreciated the information.

Medical journalists have a tricky task in balancing hope against discouragement. Many hopeful stories are published when no studies other than those in the laboratory or in animals have been completed. I need make no apology for reporting on lithium gammalinolenate, given the completed phase II trials, the start of phase III trials, and the low toxicity of the drug—a rare combination.

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1 Petrie JR. The cruelty of false hope. *BMJ* 1994;308:1723. (25 June.)

Fatty acids for treating pancreatic cancer

EDITOR,—John R Petrie has expressed his concern over the overstatement by the *Times* of the therapeutic role of essential fatty acids in the treatment of pancreatic cancer. Although we share his opinion, we would like to make it clear that they do have a potential role in the treatment of advanced pancreatic cancer based on sound scientific evidence. The interest in both gammalinolenic acid and eicosapentaenoic acid lies in their possible palliative role as anti-cachexia agents. Pancreatic cancer is often associated with profound weight loss, which in turn is associated with increased morbidity and mortality. This weight loss cannot be explained solely by reduced nutritional intake and has been associated with a persistent activation of the hepatic acute phase response and raised resting energy expenditure.²

The hypothesis underlying the use of these fatty acids as anti-inflammatory drugs derives from their effects on altering prostaglandin synthesis. They compete with arachidonic acid for the cyclooxygenase and lipoxygenase enzymes and divert prostaglandin production away from the 2 series toward the 3 series (eicosapentaenoic acid) and 1 series (gammalinolenic acid).³ This alteration of prostaglandin synthesis seems to be associated with abrogation of the inflammatory response. The fatty acids have been shown to reduce weight loss significantly in animal cancer models.⁴ The potential to downregulate the hepatic acute phase response and energy expenditure with fatty acids might increase survival in pancreatic cancer patients who are losing weight. We make the experimental nature of these drugs quite clear to our patients, and, although there is some evidence of *in vitro* tumour cell killing,⁵ we emphasise that we consider these treatments to be palliative anti-

cachexia agents. It should also be mentioned that the toxicity profiles of both drugs are significantly better than those associated with conventional chemotherapy, which is an important consideration in patients who have a limited life expectancy.

The overstatement of medical data in the press may serve to undermine the confidence of patients and of practitioners responsible for their care.

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- 1 Petrie JR. The cruelty of false hope. *BMJ* 1994;308:1723. (25 June.)
- 2 Falconer JS, Fearon KCH, Plester CE, Ross JA, Carter DC. Cytokines, the acute phase response and energy expenditure in weight-losing patients with pancreatic cancer. *Ann Surg* 1994; 219:325-31.
- 3 Powell WS, Gravelle F. Metabolism of eicosapentaenoic acid by aorta: formation of a novel 13-hydroxylated prostaglandin. *Biochim Biophys Acta* 1985;835:201-11.
- 4 Beck SA, Smith KL, Tisdale MJ. Anticachectic and antitumour effect of eicosapentaenoic acid and its effect on protein turnover. *Cancer Res* 1991;51:6089-93.
- 5 Falconer JS, Ross JA, Fearon KCH, Hawkins RA, O'Riordan MG, Carter DC. Effect of eicosapentaenoic acid and other fatty acids on the growth in vitro of human pancreatic cancer cell lines. *Br J Cancer* 1994;69:826-32.

Informal complaints procedure in general practice

EDITOR,—P C Pietroni and S de Uray-Ura's paper reporting their experience of an informal complaints procedure in general practice raises several issues.¹ Firstly, a patient liaison worker was chosen to handle the complaints, and this person may have been viewed as a member of the practice team. The patients may have wondered whether complaints would be resolved impartially.

Secondly, although the paper records the outcomes of the complaints, it does not mention the degree of satisfaction felt by the patients. The end point of the complaints procedure was decided by the patient liaison worker, not by the patients.

Thirdly, although complaints by staff were addressed, no explanation is given about what action could be taken if the member of staff was not satisfied with the outcome. Being able to air a grievance is often of therapeutic value, but if no positive steps can be taken it may lead to disillusionment with the procedure.

Fourthly, the cost implications of introducing the procedure are reported as having been minimal, but there is no evidence to show this in the article. I wonder whether it would be so easy to set up such a procedure in an already overstretched general practice.

Finally, I am concerned to see such a large rise in the number of complaints compared with previous years. Were these complaints made for the sake of complaining or were they genuine? I also wonder whether the cumulative effect (on stress levels and morale) of several small complaints dealt with at local level exceeds the effect caused by far fewer complaints that take longer to resolve. Although we must all persevere to provide a better service to our patients, I believe that we should not encourage complaints or forget our own wellbeing in trying to provide this service.

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- 1 Pietroni PC, de Uray-Ura S. Informal complaints procedure in general practice: first year's experience. *BMJ* 1994;308: 1546-8. (11 June.)

Airline's magazine promotes production of tobacco products

EDITOR,—During a recent British Airways flight we were appalled to read, in the company's *Business Life* magazine, an article celebrating the profits to be made from producing tobacco products in eastern Europe.¹ The article described in glowing terms how one entrepreneur had negotiated a licence to produce tobacco products in an eastern European country and, through careful tax planning, had enabled profits to be brought back to western Europe.

Perhaps British Airways is not aware that mortality and morbidity in eastern Europe are increasing and that one of the main reasons for this is the increase in cigarette smoking. Furthermore, health care services in the new democracies have been severely weakened by reduced tax receipts, and this has contributed to the increase in mortality.² The ethics of encouraging the production of tobacco products and (albeit legal) minimising of tax are therefore dubious. We expect better from "the world's favourite airline."

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- 1 Shane I. Europe's wild frontier. *Business Life* 1994 June:40-4.
- 2 Unicef. *Public policy and social conditions*. Florence: Unicef International Child Development Centre, 1993. (Regional monitoring report No 1.)

British Airways' response

EDITOR,—Neither British Airways nor its publishers, Premier Magazines, had any intention of condoning cigarette smoking in eastern Europe or encouraging tax evasion. The point of the article, which was written by a well known tax lawyer, was to reveal to interested businessmen and businesswomen the pitfalls that exist for newcomers to this area of tumultuous change. In writing about the entrepreneur who dealt in tobacco products the author merely wanted to give readers an indication of business dealings in a market very different from that of western Europe. The practice of dealing in tobacco products was neither condoned nor encouraged, but to pretend that such practice does not exist would be to ignore an undeniable fact of eastern European life.

Business Life's brief is to give its readers an accurate and informed view of what is happening in European business, in both the East and the West, and to offer guidance when possible. The article included not only a six point guide on how to conduct business effectively and legally while keeping an eye out for local customs but a further reference to major sources of reliable business information on central and eastern Europe.

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Correction

Doctors should supervise administration of methadone

An editorial error occurred in this letter by P D Thomas (2 July, pp 53-4). The last line of the letter should read, "It now seems that pharmacists in maintenance programmes have far more to offer than doctors concerned, so perhaps we will soon hear of the deregulation of methadone to pharmacy list status."